

# Harrison SWCD Application Process

- Applications are due September 23, 2013 by 5pm.
- Applicants will not be considered unless the entire application and background check form are completed.
- Submit application to the office in a sealed envelope provided or by e-mail to [harrisonswcd@grm.net](mailto:harrisonswcd@grm.net)
- Applications will be reviewed on September 24<sup>th</sup> and interviews will be set up.
- This is a full time employment opportunity.
- The position includes benefits of health insurance, sick leave, annual leave, holidays, and retirement.
- Salary will be discussed at the time of interview.
- All are welcome to apply.
- We are an equal opportunity employer.

## Authorization for Criminal Record Review

Name (please print) \_\_\_\_\_  
First Middle Last

Former names and/or aliases used \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Race \_\_\_\_\_ Address \_\_\_\_\_

Please answer the following questions completely. Use additional paper if necessary.

- Have you ever been convicted, pled guilty or nolo contendere, and/or received a suspended imposition of sentence/suspended execution of sentence in any federal, state, or municipal court for a criminal offense? (Please include any alcohol or drug-related driving offenses or any other offense you have been convicted of) If yes, please provide explanation below.  
YES \_\_\_\_\_ NO \_\_\_\_\_
- Have you ever received probation or community supervision for any federal, state, or municipal offense? If yes, please provide an explanation below.  
YES \_\_\_\_\_ NO \_\_\_\_\_
- Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? If yes, please provide an explanation below.  
YES \_\_\_\_\_ NO \_\_\_\_\_
- As of this date, do you have any pending criminal charges against you? If yes, please provide an explanation.  
YES \_\_\_\_\_ NO \_\_\_\_\_

I hereby swear or affirm that I am the applicant for record review listed above and that the information provided in this application is true and accurate to the best of my knowledge. I give my permission for the district to obtain any and all background information authorized by law, including but not limited to criminal records, and to process this record review using my social security number. I further authorize the district to investigate, collect, maintain and use for work-related reasons any information disclosed through this release.

By my signature, I affirm and recognize that in the event I have furnished false information or have failed to furnish required information for a criminal record review on this application or for the employment history given to my employer, I will be terminated from employment with the district or removed from hiring consideration.

A conviction of a violation of the law does not constitute an automatic bar to employment. Each case is considered on an individual basis. Falsification of the application will, however, result in disqualification or dismissal from employment.

I hereby authorize the district to investigate, obtain and compile information concerning my employment history, to obtain a copy of my college transcripts and to conduct a record review of myself.

**X**

Signature

Date

## HARRISON COUNTY SWCD JOB APPLICATION

### PERSONAL:

Full Name \_\_\_\_\_

Home Address \_\_\_\_\_

(Street)

(City)

(State)

(Zip)

Business Address \_\_\_\_\_

(Street)

(City)

(State)

(Zip)

Social Sec. # \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Home Phone ( ) \_\_\_\_ - \_\_\_\_ Business Phone ( ) \_\_\_\_ - \_\_\_\_

Date Available for Employment \_\_\_\_\_ Salary Desired \$ \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # ( ) \_\_\_\_ - \_\_\_\_

### EDUCATION:

High School (Name/Address) \_\_\_\_\_

Major Course of Study \_\_\_\_\_ Years Attended \_\_\_\_\_ Graduated \_\_\_\_\_

Additional Education (Name/Address of School) \_\_\_\_\_

Major Course of Study \_\_\_\_\_ Years Attended \_\_\_\_\_ Graduated \_\_\_\_\_

Special Qualifications \_\_\_\_\_

### WORK EXPERIENCE (most recent employment history first):

1) Employer  
(Name/Address) \_\_\_\_\_

Job Title and Duties \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Phone # ( ) \_\_\_\_ - \_\_\_\_ Salary \$ \_\_\_\_\_

Are you currently employed there? \_\_\_\_\_ May we contact them? \_\_\_\_\_ If not, why? \_\_\_\_\_



Dates of Employment (from, to) \_\_\_\_\_

2) Employer  
(Name/Address) \_\_\_\_\_

Job Title and Duties \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Phone # ( )' \_\_\_\_ - \_\_\_\_ Salary \$ \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Dates of Employment (from, to) \_\_\_\_\_

3) Employer  
(Name/Address) \_\_\_\_\_

Job Title and Duties \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Phone # ( ) \_\_\_\_ - \_\_\_\_ Salary \$ \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Dates of Employment (from, to) \_\_\_\_\_

(Attach additional sheet if necessary)

REFERENCES:

List name, address and phone # of three references and years known (no relatives):

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Describe your agricultural experience \_\_\_\_\_

Other related experience \_\_\_\_\_

How did you learn of this position? \_\_\_\_\_

\* Below your signature, at the end of this application, write one paragraph explaining why you would like to work for this Soil and Water Conservation District.

PHYSICAL RECORD:

List any physical abnormalities that may be a hindrance to your work performance for the position you are interested in.

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I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. I certify that all statements made within this document are true to the best of my knowledge.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_